

Michigan Department of Community Health

Bulletin Number: MSA 12-29

Distribution: Practitioners, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Hospitals, Ambulatory Surgical Centers, Local Health Departments, Medicaid Health Plans, County Health Plans, and Mental Health and Substance Abuse

Issued: June 29, 2012

Subject: July 2012 Healthcare Common Procedure Coding System (HCPCS) Code Updates

Effective: July 1, 2012

Programs Affected: Medicaid, Adult Benefits Waiver (ABW), Children's Special Health Care Services (CSHCS)

Providers are being notified of HCPCS code changes that will be implemented by the Michigan Department of Community Health (MDCH) effective July 1, 2012. This notice is distributed to a broad range of providers and not all codes listed will apply to your scope of practice and/or beneficiary program coverage. The coding information is based on the most recent July 2012 file from the Centers for Medicare & Medicaid Services (CMS).

JULY 2012 HCPCS QUARTERLY UPDATE -- NEW PROCEDURE CODES

Code	Code Description	Prior Authorization Required	Comments
Q2034	Agriflu vaccine	No	New coverage effective for dates of service on and after July 1, 2012.
Q2045	Human fibrinogen conc inj	No	Code will replace J1680 effective for dates of service on and after July 1, 2012.
Q2046	Aflibercept injection	No	Code will replace C9291 effective for dates of service on and after July 1, 2012.
Q2047	Peginesatide injection	No	New coverage effective for dates of service on and after July 1, 2012.
Q2048	Doxil injection	No	Code will replace J9001 effective for dates of service on and after July 1, 2012.
Q2049	Imported Lipodox inj	No	New coverage effective for dates of service on and after July 1, 2012.

*Ambulatory Surgical Centers (ASCs) and Outpatient Hospitals (OPHs) should refer to the respective wrap lists (posted on the MDCH website) for the third quarter for code updates.

Refer to the CMS website (www.cms.hhs.gov) for full descriptions of the codes. Information regarding fee screens and coverage parameters is located in the appropriate databases available on the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information.

Manual Maintenance

This bulletin may be discarded after review. Providers should refer to the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information for code coverage information.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
Medical Services Administration